

Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Phone: (801) 538-3800
Tammy Greening, Examiner
Phone: (801) 538-3786

**BEFORE THE INSURANCE COMMISSIONER
STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT,
COMPLAINANT**

vs

**ARTISAN TITLE INSURANCE AGENCY,
INC. License No. 352917,
RESPONDENT**

**NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER**

Docket No. 2014-094 PC
Enf. Case No. 3528
Judge Mark E. Kleinfield
Administrative Law Judge

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. §§ 31A-2-201 and 63G-4-201 and Utah Admin. Code R590-160. Based upon information contained in agency files or known to the Department, the Department asserts the following facts:

FACTS

1. Respondent is a resident title insurance agency authorized to do the business of insurance in the State of Utah, holding license number 352917.
2. Respondent failed to file a complete Annual Report and Controlled Business Reports for calendar year 2013 by the annual due date of April 30.
3. Respondent also failed to timely file its Annual and Controlled Business Reports for calendar years 2012 by the annual due date April 30.

4. Respondent failed to respond to an inquiry of the Commissioner on June 19, 2014 and again on July 22, 2014.

5. As of the date of this Notice of Agency Action and Order, no response has been received.

BASED UPON THE FOREGOING FACTS

1. In failing to file a complete 2013 Annual and Controlled Business report the Respondent violated Utah Code § 31A-23-413 and Utah Admin. Code R592-11-3(4).

Based upon the foregoing facts, the Commissioner now enters the following Order:

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$3,000. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall provide a substantive response to the Commissioner's inquiry no later than ten (10) days after the date this Order becomes final.

3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

DATED THIS 29 day of August, 2014.

TODD E. KISER
INSURANCE COMMISSIONER



MARK E. KLEINFELD
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

NOTIFICATION

If you request a hearing regarding this matter, please contact the Examiner, Tammy Greening at (801) 538-3786. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$5,000.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

CERTIFICATE OF MAILING

The undersigned certifies on this date, a true and correct copy of the forgoing NOTICE OF INFORMAL AGENCY ACTION AND ORDER was mailed, postage prepaid, to the following:

Artisan Title Insurance Agency, Inc.
6975 South Union Park #390
Cottonwood Heights, UT 84047

DATED this 29th August, 2014



LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

UTAH Invoice - Original

ARTISAN TITLE INSURANCE AGENCY, INC
6975 SOUTH UNION PARK 390
COTTONWOOD HEIGHTS UT 84047

Printed Date: August 29, 2014
Invoice Date: August 29, 2014
Balance Due: \$3,000.00
Due Date: October 3, 2014
Invoice ID: 714440
Payor ID: 163523

Date	Item Description	Amount	
08-29-2014	Monetary Penalty Agency	\$3,000.00	E-Case 3528 Docket 2014-094 PC

E-Case 3528 Docket 2014-095 PC

No Adjustments

No Payments

Balance Amount Due \$3,000.00

UTAH Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: August 29, 2014
Balance Due: \$3,000.00
Due Date: October 3, 2014
Invoice ID: 714440
Payor ID: 163523

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Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher